Statement of J. Paul Molloy, CEO Oxford House, Inc. – the umbrella nonprofit for the National Network of 2,259 Oxford Houses

House Energy and Commerce Committee Health Subcommittee

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Mr. Chairman, I am pleased to re-connect with this Committee to bring you up-to-date about the progress Oxford HouseTM has made following enactment of §2036 of PL 100-690 the 1988 Anti-Drug Abuse Act [42 USC 300x-25]. I appeared as a witness before this Committee in August 1988 along with three residents of local cluster of 13 Oxford Houses. Following that testimony, the Congress added §2936 to the Anti-Drug Abuse Act and that provision served as a catalyst for expanding the local network of 13 Oxford Houses into the national network of more than 2,250 Oxford Houses spread throughout the country. Together, these Oxford Houses have 17,890 recovery beds but many more Oxford Houses are needed. I would also note that Oxford House is the only recovery program listed on the federal government's National Registry of Evidence-based Programs and Practices (NREPP).

I would like to briefly discuss the Oxford House program and its emphasis on long-term recovery without relapse. Recovery requires more than short-term treatment and/or medication; while these may both be necessary, long-term sustained recovery requires behavior change and that takes time. I urge this Committee to address this part of the recovery process along with the critical early stages of recovery. Supporting long-term recovery options like the Oxford House program cost little but minimal support can save lives and reduce the much higher costs of repeated treatment episodes.

The Treatment Episode Data Set [TEDS] maintained by the federal government shows that 15% of those in treatment have had five previous treatment episodes. The average number of times through treatment is more than three. The idea that "relapse is part of the disease" has become a slogan or mantra for the treatment industry. Oxford House shows that recovery without relapse can be the norm rather than the exception.

Each Oxford House is a rented ordinary single-family home that is self-run and self-supported by the House residents. Oxford House, Inc. [OHI] is the nonprofit, 502[c][3] umbrella organization that provides groups of six or more recovering individuals a charter that permits each group to operate using the organization's time-test system of operation. There is no charge for the charter but the group must agree to abide by the terms of the charter to remain an Oxford House. The charter requires that the residents run the House democratically, each pay an equal

share of rent and household expenses and immediately expel any resident who relapses.

Oxford Houses permit recovering individuals to live together as long as they want in order to maintain long-term recovery. The self-run, self-supported aspect of the program permits Oxford Houses to expand to meet the need. OHI owns no property; the grants it receives supports providing technical assistance to help start new Oxford Houses and teach residents the system of operation. OHI also sponsors an annual convention. The 2017 convention, held in Washington, DC, over Labor Day weekend, attracted over 1,200 Oxford House residents and alumni. Portions of the program were broadcast on C-Span2 and are available on that site.

The 1988 Anti-Drug Abuse Act served as a catalyst for national expansion of Oxford Houses by providing the means for recovering individuals to organize and help themselves to transition from active addiction to comfortable sobriety. The underlying question is whether it can be expanded enough to significantly mitigate the current opioid epidemic and its terrible cost. Like every other proposal Oxford House is not a magic bullet. The decline in alcoholism and drug addiction can occur with a cultural shift from promotion of instant gratification to one that focuses on personal and civic responsibility. However, greatly expanding the number of Oxford Houses can significantly help change our current culture by providing both symbolic and real opportunity for addicts to develop long-term recovery. Without massive expansion of Oxford Houses, long-term recovery without relapse will be thwarted.

Public money and more teachers of the Oxford House system of operation can once again serve as a catalyst for squarely addressing the most effective way to make recovery without relapse the norm rather than the exception. Small start-up loans and training residents of new Oxford Houses has proven to be effective in creating the existing national network of 2,256 Oxford Houses. Both can be expanded at low cost but such expansion should utilize the existing alcoholism and drug addiction infrastructure. State incentive payments can achieve that outcome.

When the 1988 Act became law, many felt that the revolving loan provision would be a total failure. How could anyone expect newly recovering alcoholics and drug addicts to repay a start-up loan of \$4,000? Experience has shown those fears were unfounded. In state after state, newly recovering alcoholics and drug addicts have in fact repaid start-up loans so other houses could be started. For example, in Oregon the 180 Oxford Houses have borrowed \$720,000 from the revolving loan fund. Repayment has been on schedule with each house repaying \$170 for 23 month and a final repayment of \$90 in month 24. In other words, the original \$100,000 revolving loan fund has been turned over more than 7 times. In North Carolina the 244 Oxford Houses have borrowed \$976,000 turning over the original \$100,000 almost ten times.

The \$4,000 loan amount is set as a cap in the 1988 law and if inflation [CPI] were applied it would now be \$8,345. The proposed amendment suggests changing the cap to \$6,000, which does not fully account for inflation but OHI experience has shown it would work well for starting a new Oxford House. The amendment also readjusts the repayment time from 24 months to 36 months to enable house to repay on the existing \$170 a month repayment schedule. The importance that the start-up fund is a revolving loan fund cannot be overstated. The revolving nature of the fund inspires houses to repay so that other recovering alcoholics and drug addicts can enjoy what they have — a functional Oxford House.

I have attached a draft of the proposed changes in PL 100-690 – the 1988 Anti-Drug Abuse Act. I hope this committee will include those changes as part of any legislative effort to mitigate the current opioid epidemic. I have also attached a brief summary entitled "Saving Money-Saving Lives" showing where Oxford Houses are already established and helping individuals achieve long-term recovery without relapse year after year.